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2001/1756

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FEE TRANSMITTAL for FY 2001 <i>Patent fees are subject to annual revision.</i>		Complete if Known			
		Application Number	09/465,006		
		Filing Date	December 16, 1999		
		First Named Inventor	Michael HECKMEIER et al.		
		Examiner Name	Shean Chiu Wu		
		Group / Art Unit	1756		
TOTAL AMOUNT OF PAYMENT		(\$)	1190	Attorney Docket No.	MERCK-2073

METHOD OF PAYMENT (check one)				FEE CALCULATION (continued)			
1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to: Deposit Account Number: 13-3402 Deposit Account Name: Millen, White, Zelano & Branigan, P.C. <input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27				3. ADDITIONAL FEES			
2. <input checked="" type="checkbox"/> Payment Enclosed: <input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other							
FEE CALCULATION							
1. BASIC FILING FEE							
Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description		Fee Paid	
1001	770	2001	385	Utility filing fee			
1002	340	2002	170	Design filing fee			
1003	530	2003	265	Plant filing fee			
1004	770	2004	385	Reissue filing fee			
1005	160	2005	80	Provisional filing fee			
SUBTOTAL (1)				(\$) 0			
2. EXTRA CLAIM FEES							
Total Claims: 20** = 0 X Fee from below = 0 Fee Paid = 0							
Independent Claims: 3** = 0 X Fee from below = 0 Fee Paid = 0							
Multiple Dependent: X Fee from below = 0 Fee Paid = 0							
Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description		Fee Paid	
1202	18	2202	9	Claims in excess of 20			
1201	86	2201	43	Independent claims in excess of 3			
1203	290	2203	145	Multiple dependent claim, if not paid			
1204	86	2204	43	** Reissue independent claims over original patent			
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent			
SUBTOTAL (2)				(\$) 0			
*or number previously paid, if greater; For Reissues, see above							
				Other fee (specify) _____			
				*Reduced by Basic Filing Fee Paid			
				SUBTOTAL (3)			
				(\$) 1190			

SUBMITTED BY				Complete (if applicable)	
Name (Print/Type)	John A. Sopp	Registration No. Attorney/Agent	33,103	Telephone	(703) 243-6333
Signature				Date	November 14, 2003

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